

ABBOTT SCHOOL-BASED TECHNOLOGY PLAN (ASBTP) CHECKLIST AND REVIEW FORM FOR 2002-2003

School Name: _____

District Name: _____

Adopted Whole School Reform model: _____

School grade level: _____ Number of teachers in school: _____

No. of Instructional Computers in the school: _____ No. of students in school: _____

School website address: _____

Page # in ASBTP	Page # in DTP	LINK ALL OF THE FOLLOWING SCHOOL-BASED TECHNOLOGY PLAN (ASBTP) COMPONENTS TO THE DISTRICT TECHNOLOGY PLAN (DTP)	For District Tech Director Only	
			YES	NO
		PLANNING PROCESS <ul style="list-style-type: none"> Describe how stakeholders were involved in the development of the school's 2002-2003 technology plan. 		
		WSR IMPLEMENTATION NARRATIVE <ul style="list-style-type: none"> How is the adopted model incorporated into your school's goals and objectives for technology? How will the current plan accomplish full implementation of infusing technology into the curriculum across all content areas? What barriers must be overcome to implement your proposed plan effectively? 		
		WSR IMPLEMENTATION ACTIVITY TABLE <ul style="list-style-type: none"> Complete the ASBTP implementation activity table to describe the implementation educational technology school-based activities/ link with the CCCS/ evaluation indicators and costs for the 2002-2003 school year. Purchase Justification Form (if applicable) 		
		COMMUNITY RESOURCES (RPSS ONLY) <ul style="list-style-type: none"> Complete a review of community resources that could be used to assist the school in providing needed programs in the area of Educational Technology. (Be sure to document that the school is fully utilizing programs and services available in your community.) 		
		SURVEY <ul style="list-style-type: none"> Attach a copy of the completed school survey form from NJDOE's 2001 School Technology Survey. 		

Reviewed by:

Signature of School-based Technology Coordinator Date: _____ E-mail: _____

Signature of SMT Representative Date: _____ E-mail: _____

Signature of School Principal Date: _____ E-mail: _____

Signature of District Technology Director/Coordinator Date: _____ E-mail: _____

District Technology Director/ Coordinator COMMENTS:

NJDOE Date: _____

The person to contact for questions about the school technology plan: (PLEASE PRINT)

Name: _____

Title: _____

Phone number: _____

E-mail address: _____

**ABBOTT SCHOOL-BASED TECHNOLOGY PLAN (ASBTP)
WSR IMPLEMENTATION ACTIVITY TABLE
SCHOOL YEAR 2002-2003**

School name: _____

District name: _____

Goal: _____

Objective: _____

Activity	List CCCS related to Activity	List Evaluation Indicators	PROPOSED BUDGET			
			Item Description	Unit Cost	Quantity	Total Cost
1.						
2.						
3.						
4.						
5.						

CUMULATIVE TOTAL FROM ALL PAGES: \$ _____

**ABBOTT SCHOOL-BASED TECHNOLOGY PLAN (ASBTP)
WSR IMPLEMENTATION ACTIVITY PURCHASE JUSTIFICATION FORM
SCHOOL YEAR 2002-2003**

School name: _____

District name: _____

Provide a compelling justification for each requested purchase. See instructions.

The evidence must show: a) resources are available to accomplish the activity(ies) in the plan, b) the requested item will specifically be used in the curriculum to address the Core Curriculum Content Standards, c) staff readiness and needs, d) capability of the school to implement the activity (licenses, ability to install by the beginning of the school year), and e) the activity is linked to whole school reform implementation and the model in particular.

One justification may explain a purchase linked to one activity or several activities. Indicate the activity(ies) on the form by its corresponding number on the WSR Implementation Activity Table. Do not rewrite the activity(ies.)

Justification:

ACTIVITY (IES) # _____

ABBOTT SCHOOL-BASED TECHNOLOGY PLAN (ASBTP)
COMMUNITY RESOURCES
SCHOOL YEAR 2002-2003

The purpose of this form is to investigate community resources that could possibly be used in the coming year to assist you in providing needed programs and services to students in your school. On the table below, provide the following: (A) a list of programs and services existing in the community; (B) the name of community agencies that provide the service but are not currently used by the school; (C) the contact and telephone number for the community agency; (D) the reason the outside agency is not currently used; and (E) the cost of the service or program if provided by the outside agency.

	A Program or Service Existing in Community	B Community Agencies that Provide the Program or Service not Currently Used.	C Contact Person and Telephone Number	D Reason Outside Agency not Currently Used	E Cost of Service or Program by Outside Agency
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					
11					
12					
13					
14					